

**REQUEST FOR ISSUANCE OF WRIT OF CHILD SUPPORT WITHHOLDING -FC 158.104**

**NOTICE:** REQUEST MUST BE COMPLETED AND DELIVERED TO THE DISTRICT CLERK TO  
ACTIVATE THE WITHHOLDING ORDER ALONG WITH A \$15.00 FILING FEE.

CAUSE NO. \_\_\_\_\_, STYLE OF CASE: \_\_\_\_\_  
VS. \_\_\_\_\_  
\_\_\_\_\_

OBLIGOR : \_\_\_\_\_ SOC.SEC # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

OBLIGEE: \_\_\_\_\_ SOC.SEC # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ATTENTION : \_\_\_\_\_ PAYROLL CLERK  
PHONE: \_\_\_\_\_

MAIL PAYMENTS TO: TEXAS CHILD SUPPORT DISBURSEMENT UNIT  
P.O. BOX 659791  
SAN ANTONIO, TEXAS 78265-9941

**EMPLOYERS: Please put the cause # and/or SDU case # on your remittance.**

INFORMATION FURNISHED  
BY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE:  
\_\_\_\_\_  
Attorney Applicant

DATE \_\_\_\_\_ 20 \_\_\_\_\_

ORIG: case file